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FACSIMILE COVER SHEET

TO:	FROM:
Commissioner for Patents	David A. Guerra
GROUP ART UNIT:	DATE:
1655	XXXX
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	21
SERIAL NUMBER:	APPLICANT:
10/509,150	Sung-Jin Kim
TITLE:	FILING DATE:
COMPOSITION COMPRISING AN EXTRACT OF LIRIOPSIS TUBER FOR PROTECTING BRAIN CELLS AND IMPROVING MEMORY	09/27/2004
RE:	ATTORNEY DOCKET NUMBER:
Amendment/Reply to Office Action	AP036-04

☐ URGENT☒ FOR REVIEW☐ PLEASE COMMENT☐ PLEASE REPLY

Honorable Sir:

In response to the Office Action mailed on 12/12/2005, the following amendments and remarks are respectfully submitted in connection with the above identified application.

Sincerely,



David Guerra
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/509,150	
	Filing Date	09/27/2004	
	First Named Inventor	Sung-Jin Kim	
	Art Unit	1655	
	Examiner Name	Clark, Amy Lynn	
Total Number of Pages in This Submission	18	Attorney Docket Number	AP036-04

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
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Signature		
Printed name	David A. Guerra	
Date	02/09/2006	Reg. No. 48,443

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Serial No.: 10/509,150

Agent Docket No.: AP036-04

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